57451 Serverse side for Instructions.	717	RNIA HAZARDO State Department AZARDOUS MATERIALS		··· — · · · · ·	15-006013
Ple type or print clearly. Press Hard. ENERATOR (Generator Must Complete) ALUMINUM COMPANY		approved state program or fe	thorized to operate under an ederal program)	4 Alternate TSD Facility CHEMICAL WAST	SFUND RECORDS CTR
Name OF AMERICA, VERNON W		, OPERATING INDUS NO. [C]A D]O	8 0 0 1 2 0 2 4	Name MANAGEMENT I	NC. 0 0 0 6 4 6 1 1 7
Address 5151 ALCOA AVE Phone City, State, Zip VERNON, CA 90058		ess <u>900 N. POTRERO</u> State, Zip <u>MONTEREY</u>		Address P.O. BOX 110 City, State, Zip COAL ING	04 430 W. ELM AVE.
(5) U.S. DOT PROPER SHIPPING NAME WASTE WASTE	U.S. DOT HAZARD CLASS	UN/NA WEIGHT OR VOLUME	TYPE: [IERS NUMBER: DRUMS BAGS CAP TANK TRUCK DUMP OTHER	
6 WASTE CATEGORY #7	CONC. PANG	WASTE PERMIT NO		ING PROCESS ALUMINUM	FABRICATION
9 A B C	UPPER LOWE			UPPER	% ppm.
D	☐ Toxic ☐ Flaniquid X Sludge	☐ Slurry ☐ Gas	(X) Other ALUMINUM O	☐ Sensitizer ☐ Carcinogen/N	-
GENERATOR CERTIFICATION: This is to cer the applicable regulations of the Department of IN THE EVENT OF A SPILL, CONTACT TH RESPONSE CENTER, U.S. COAST GUARD	Transportation and EPA. E NATIONAL	materials are properly classif	fied, described, packaged, mark		ition for transportation according to 5-4-82 Date Shipped
0-1-0-1-1	7036 NE NO. (213) 321-1392		no # a	(15) PICK-UP DAT TIME 4:0	5-5-82 5-5-82
TSD FACILITY (FACILITY-OPERATOR N			Signature of Authorized	Agent and Title	Date
PANO. PATE STATE FEE (If Any)				(21) HANDLING OR DISPOSAL METHOD:	
PHONE NO 20 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:				☐ Injection Well ☐ Land Treatment ☐ Treatment (Specify) ☐ Recovery or Reuse ☐ Storage/Transfer	
IF WASTE IS HELD FOR DELIVERY ELSEWH	IERE, SPECIFY THE DES	SIGNATED, TSD FACILITY		LI Mecovery of P	- U-X
F. 7. 100.		(23 / /	Signature of Authorized	Agent and Title	Date Accepted